

# CLAIMS ONLY

10/651940  
Applicant(s)

\_\_\_\_\_

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4	1					
5		1				
6		1				
7	1					
8		1				
9		1				
10	1					
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48						
49						
50						
Total Indep	4					
Total Depend	9					
Total Claims	13					

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	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						